

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2906 Norton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years  
(Specify whether years, months or days)

DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2906 Norton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10  
year 1940 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from  
Nov. 2, 1940 to Nov. 10, 1940  
that I last saw her alive on November, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
(Pneumonia)

Due to La Grippe Tuberculosis  
Due to Tuberculosis Peritonitis

Other conditions no  
(Include pregnancy within 3 months of death) 25

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Josephine Turner

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Taylor 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 16 1899  
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Tom Corbin

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant James Taylor

(b) Address 2906 Norton

17. (a) removal (b) Date thereof 11-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leggettworth Rd.

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 11-15-40 (b) M. M. Browe  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*David Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**